

STATE OF HAWAII — DEPARTMENT OF TAXATION
**RENTAL MOTOR VEHICLE AND TOUR VEHICLE
SURCHARGE TAX
ANNUAL RETURN & RECONCILIATION**

DO NOT WRITE IN THIS AREA

76

FOR TAX YEAR ENDING

NAME:

R.V. I.D. NO.

• ATTACH CHECK OR MONEY ORDER HERE •

		COLUMN A	COLUMN B	COLUMN C	
		Rental Motor Vehicle Surcharge Tax — Enter the Number of Rental Motor Vehicle Days	Tour Vehicle Surcharge Tax Enter the Number of Tour Vehicles Carrying 8 - 25 Passengers	Tour Vehicle Surcharge Tax Enter the Number of Tour Vehicles Carrying 26 or More Passengers	
1	OAHU DISTRICT				1
2	MAUI DISTRICT				2
3	HAWAII DISTRICT				3
4	KAUAI DISTRICT				4
5	TOTALS (Add lines 1 thru 4 of columns A, B, and C)				5
6	RATES	\$2	\$15	\$65	6
7	TAXES (Multiply line 5 by line 6 of columns A, B, and C)		00		00
8	TOTAL TAXES (Add line 7, columns A thru C, and enter here)				8
9	PENALTY (ON LINE 8)				9
10	INTEREST (ON LINE 8)				10
11	TOTAL AMOUNT DUE (Add lines 8, 9, and 10; Enter amount here.)				11
12	Total taxes paid on monthly, quarterly, or semiannual returns for the period.				12
13	Additional assessments paid for the period, if included above.				13
14	Penalties \$ _____ Interest \$ _____ paid during the period.				14
15	TOTAL PAYMENTS MADE (Add lines 12, 13, and 14).				15
16	CREDIT TO BE REFUNDED (Line 15 minus line 11).				16
IF YOU DO NOT HAVE ANY ACTIVITY, AND THE RESULT IS NO TAX LIABILITY, ENTER "0" ON LINES 8 AND 17. THIS RETURN MUST BE FILED.		17	TOTAL TAXES DUE (Line 11 minus line 15)		17
FOR LATE FILING ONLY —————>		18a	PENALTY		18
		18b	INTEREST		
19	TOTAL AMOUNT NOW DUE AND PAYABLE (Add lines 17 and 18)				19
Make check payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U.S. bank. Write your rental motor vehicle and tour vehicle registration number and the period of payment on the check.		20	PLEASE ENTER AMOUNT OF YOUR PAYMENT —————>		20

I declare, under the penalties set forth in section 251-16, HRS, that this is a true and correct return, prepared in
accordance with the provisions of the Rental Motor Vehicle and Tour Vehicle Surcharge Tax Law and the rules issued
thereunder.

IN THE CASE OF A CORPORATION OR PARTNERSHIP, THIS RETURN MUST BE SIGNED BY AN OFFICER, PARTNER, OR DULY AUTHORIZED AGENT.

SIGNATURE

TITLE

DATE

MAILING ADDRESSES:

Oahu District Office
P. O. Box 2430
Honolulu, HI 96804-2430Maui District Office
P. O. Box 1427
Wailuku, HI 96793-6427Hawaii District Office
P. O. Box 937
Hilo, HI 96721-0937Kauai District Office
P.O. Box 1687
Lihue, HI 96766-5687

THIS SPACE FOR DATE RECEIVED STAMP

RECONCILIATION OF PAYMENT OF TAXES			
PAYMENT OF TAXES BY MONTHS IF MONTHLY RETURNS WERE FILED, QUARTERS IF QUARTERLY RETURNS WERE FILED, OR SEMIANNUAL PERIODS IF SEMIANNUAL RETURNS WERE FILED. ALSO ENTER THE PAYMENT MADE WITH THE ANNUAL RETURN, IF APPLICABLE.			
JAN \$ _____	APR \$ _____	JUL \$ _____	OCT \$ _____
FEB \$ _____	MAY \$ _____	AUG \$ _____	NOV \$ _____
MAR \$ _____	JUN \$ _____	SEP \$ _____	DEC \$ _____
1st QTR \$ _____		2nd QTR \$ _____	3rd QTR \$ _____
		4th QTR \$ _____	
1st SEMIANNUAL PERIOD \$ _____		2nd SEMIANNUAL PERIOD \$ _____	
ANNUAL		\$ _____	